# Stepping Out to Cure Scleroderma 2019 Walk Registration Form

**Visit *SteppingOutWalk.org* or call 800-867-0885 to register for your walk location.**

**Walk-day registration fee:** Ages 16 and up - **$30** | Ages 6-15 - **$10** | Ages 5 and under - **Free**
**Online \ Pre-walk mailed in registration fee:** Ages 16 and up - **$25** | Ages 6-15 - **$10** | Ages 5 and under - **Free**
Please turn in additional donations at the check-in/registration table on the day of the walk.

A signature is required for each walker in the waiver section below. Parents must sign for all children under 18 years of age.

**Walk Site:** ❍ Albany, NY ❍ Binghamton, NY ❍ Hartford, CT ❍ Long Island, NY ❍ Manhattan, NY
❍ Poughkeepsie, NY ❍ Ridgefield Park, NJ ❍ Rochester , NY ❍ Westchester, NY

Team _____ Last Name _____ First Name _____

Address _____

Primary Phone _____ Email _____

**I am walking** in honor of _____ In memory of _____

❍ I am interested in volunteering for SFTS events.
❍ Unable to attend - my personal contribution is indicated below.
❍ I am a scleroderma patient.
❍ I am interested in more information about scleroderma.
❍ Please add me to your mailing list, to receive newsletters and other mailings.

**Free gift with $250 raised** *(one gift per registrant/family)*
Official Use Only
R C T G

**Fees/Personal donation**(s) $ _____

**Checks payable:** SF Tri-State. **Return completed form** with check or money order to **Scleroderma Foundation Tri-State, 59 Front Street, Binghamton, NY 13905**

➡ **WAIVER - Must be signed**

*In consideration of being permitted to participate in Stepping Out To Cure Scleroderma, I hereby, for heirs, my personal representatives and myself assume any and all risks which might be associated with this event. I further waive, release, discharge and covenant not to sue the Scleroderma Foundation, any chapter, affiliate, support group, officer, employee, sponsor, organizer, volunteer, municipality or other representative or their successors and assigns or the park or other location, for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and any related activities. I agree to the use of any photo, film or video of the event for any purpose.*

Adult Signature: _____ Adult Signature: _____

**List solicited donations below. Please turn in additional donations to the registration/check-in table on the day of the walk.**

An acknowledgment *(which serves as a tax receipt)* will be mailed to each sponsor if full name and address is provided below.

| Name | Address | Check# | Donation |
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Total Donations 0